

PART B - FEE(S) TRANSMITTAL

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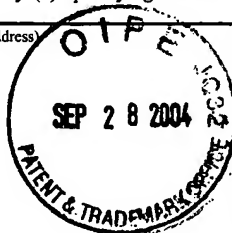
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LADAS & PARRY
 224 SOUTH MICHIGAN AVENUE, SUITE 1200
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Vangelis Economou	(Depositor's name)
<i>Vangelis Economou</i>	(Signature)
September 23, 2004	(Date)

APPLICATION NO.	FILING DATE	FIRST NAMED INVENTOR	ATTORNEY DOCKET NO.	CONFIRMATION NO.
10/034,504	12/28/2001	Woo Seock Cheong	CU-2759	1255

TITLE OF INVENTION: METHOD OF MANUFACTURING A CONTACT PLUG FOR A SEMICONDUCTOR DEVICE

APPLN. TYPE	SMALL ENTITY	ISSUE FEE	PUBLICATION FEE	TOTAL FEE(S) DUE	DATE DUE
nonprovisional	NO	\$1330	\$300	\$1630	11/16/2004

EXAMINER	ART UNIT	CLASS-SUBCLASS
GARCIA, JOANNIE A	2823	438-586000

1. Change of correspondence address or indication of "Fee Address" (37 CFR 1.363).

- ☐ Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached.
- ☐ "Fee Address" indication (or "Fee Address" Indication form PTO/SB/47; Rev 03-02 or more recent) attached. Use of a Customer Number is required.

2. For printing on the patent front page, list

- (1) the names of up to 3 registered patent attorneys or agents OR, alternatively,
- (2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed.

1 LADAS & PARRY LLP

2 _____

3 _____

3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type)

PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. If an assignee is identified below, the document has been filed for recordation as set forth in 37 CFR 3.11. Completion of this form is NOT a substitute for filing an assignment.

(A) NAME OF ASSIGNEE

HYNIX SEMICONDUCTOR INC.

(B) RESIDENCE: (CITY and STATE OR COUNTRY)

Kyongki-do, Republic of Korea

Please check the appropriate assignee category or categories (will not be printed on the patent); ☐ individual ☒ corporation or other private group entity ☐ government

4a. The following fee(s) are enclosed:

- ☒ Issue Fee \$1330
- ☒ Publication Fee (No small entity discount permitted) \$300
- ☐ Advance Order - # of Copies _____

4b. Payment of Fee(s):

- ☒ A check in the amount of the fee(s) is enclosed. \$1630
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- ☒ The Director is hereby authorized by charge the required fee(s) or credit any overpayment. Deposit Account Number 12-0400 (enclose an extra copy of this form).

5. Change in Entity Status (from status indicated above)

- ☐ a. Applicant claims SMALL ENTITY status. See 37 CFR 1.27. ☐ b. Applicant is not claiming SMALL ENTITY status. See, e.g., 37 CFR 1.27(g)(2).

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(Authorized Signature)

(Date)

September 23, 2004

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